

City Council
John Bendo, *President*
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Michael A. Delury
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City of Long Beach



City Manager
Donna M. Gayden

Interim Commissioner
of Parks & Recreation
Joseph Brand

Parks and Recreation Department

RECREATION MEMBERSHIP LONG BEACH RESIDENT

- **PROOF OF RESIDENCY** is required. Residents must show **two proof of residency** such as a current utility bill and photo ID
- **PROOF OF AGE** must be shown or application will not be accepted if purchasing **Child** or **Senior Citizen** membership
- Membership (*Child pass not included*) entitles use of Recreation Facility, including: Pool, Weight & Cardio Rooms, Locker Room, Steam Room & Showers
- Make checks payable to CITY OF LONG BEACH. Cash, Visa and Master Card are also accepted. Credit cards have additional fee
- **Please CHECK-IN AT FRONT DESK each time you come**

- ☐ **I am currently employed by the City of Long Beach. City of Long Beach identification has been provided and verified.**
- ☐ **I am currently serving or have previously served in the United States Military. Proper identification has been provided and verified.**

Membership is non-transferable and non-refundable

ONE YEAR FACILITY RATES			SIX MONTH FACILITY RATES		
_____	Child (15 & Under)	\$125.00	_____	Child (15 & Under)	\$75.00
_____	Adult	\$210.00	_____	Adult	\$120.00
_____	Couple	\$320.00	_____	Couple	\$200.00
_____	Family Plan	\$400.00	_____	Family Plan	\$235.00
_____	Senior Citizen (60+)	\$120.00	_____	Senior Citizen (60+)	\$70.00
_____	Physically Challenged	\$120.00	_____	Physically Challenged	\$70.00

THREE MONTH FACILITY RATES			MONTHLY FACILITY RATES		
_____	Child (15 & Under)	\$45.00	_____	Child (15 & Under)	\$20.00
_____	Adult	\$70.00	_____	Adult	\$35.00
_____	Couple	\$120.00	_____	Couple	\$60.00
_____	Family Plan	\$145.00	_____	Family Plan	\$75.00
_____	Senior Citizen (60+)	\$40.00	_____	Senior Citizen (60+)	\$15.00
_____	Physically Challenged	\$40.00	_____	Physically Challenged	\$15.00

(Please PRINT clearly and check desired membership)

NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

COUPLE NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

STREET _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____

EMERGENCY NAME _____ Relationship _____

EMERGENCY PHONE _____

I agree to abide by all rules, regulations and terms of the City of Long Beach Recreation Department. Those found in violation may have membership and/or access privileges revoked.

Signature _____ Signature _____

RESIDENT MEMBERSHIP APPLICATION

*FAMILY PASS INFORMATION

FAMILY NAME _____

1. Name _____ **Age** _____ **DOB** _____

2. Name _____ **Age** _____ **DOB** _____

3. Name _____ **Age** _____ **DOB** _____

4. Name _____ **Age** _____ **DOB** _____

5. Name _____ **Age** _____ **DOB** _____

6. Name _____ **Age** _____ **DOB** _____

7. Name _____ **Age** _____ **DOB** _____

8. Name _____ **Age** _____ **DOB** _____

9. Name _____ **Age** _____ **DOB** _____

*** Family Pass includes Parents and children 15 and under residing at the same address.**

RECEIPT # _____ **AMT PAID** _____ **DATE** _____ **STAFF** _____